THE EFFECT OF GUIDED IMAGERY ON PAIN AMONG PATIENTS WITH CANCER IN SELECTED HOSPITAL AT NAGERCOIL

Dissertation submitted to

THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY CHENNAI

IN PARTIAL FULFILMENT OF REQUIREMENT
FOR THE AWARD OF DEGREE OF

MASTER OF SCIENCE IN NURSING

APRIL 2014

THE EFFECT OF GUIDED IMAGERY ON PAIN AMONG PATIENTS WITH CANCER IN SELECTED HOSPITAL AT NAGERCOIL

Certified that this is the bonafide work of

Reg No: 301211703,

MEDICAL SURGICAL NURSING,

THANTHAI ROEVER COLLEGE OF NURSING,

PERMBALUR- 621 212.

COLLEGE SEAL :

SIGNATURE : ----------

Prof.Mrs.R. PUNITHAVATHI M.Sc (N).,
Principal,
Thanthai Roever College of Nursing,
Roever campus,
Perambalur-621 212, Tamil Nadu.

Dissertation submitted to

THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY

CHENNAI

IN PARTIAL FULFILMENT OF REQUIREMENT
FOR THE AWARD OF DEGREE OF

MASTER OF SCIENCE IN NURSING

APRIL 2014

THE EFFECT OF GUIDED IMAGERY ON PAIN AMONG PATIENTS WITH CANCER IN SELECTED HOSPITAL AT NAGERCOIL

Approved by the Dissertation

Committee On : _____

Research Guide : _____

Prof.Mrs.R. PUNITHAVATHI M.Sc (N).,
Principal,
Thanthai Roever college of Nursing,
Perambalur-621 212, Tamil Nadu.

Clinical Guide : _____

Prof.Mrs. V.J.ELIZABETH M.Sc (N).,
Vice-Principal,
Thanthai Roever college of Nursing,
Perambalur-621 212, Tamil Nadu.

Dissertation submitted to

THE TAMILNADU DR. M.G.R MEDICAL UNIVERSITY
CHENNAI

IN PARTIAL FULFILMENT OF REQUIREMENT
FOR THE AWARD OF DEGREE OF

MASTER OF SCIENCE IN NURSING

APRIL 2014

_____ _____

INTERNAL EXAMINER **EXTERNAL EXAMINER**

DECLARATION

I, 301211703 hereby declare that this dissertation entitled **A study to assess the effectiveness of guided imagery on pain among patients with cancer in selected hospital at Nagercoil** has been prepared by me under the guidance and direct supervision of **Prof. Mrs.V.J. Elizabeth M.Sc (N).,** Vice Principal, Thanthai Roever College of Nursing, Perambalur, as a requirement for partial fulfilment of **M.Sc Nursing** degree course under **The Tamil Nadu Dr. M.G.R. Medical University, Chennai – 32.** This dissertation had not been previously formed and this will not be used in future for award of any other degree/ diploma. This dissertation represents independent original work on the part of the candidate.

Place: Perambalur,
Date: April – 2014.

301211703,
II Year M.Sc [N] Student,
Thanthai Roever College of Nursing,
Perambalur.

ACKNOWLEDGEMENT

I will instruct you and teach you in the way you should go;

I will guide you with my eye. Psalms 32:8

I praise and thank **LORD ALMIGHTY JESUS CHRIST** for his abundant grace and blessings showered upon me throughout the study.

I, the investigator of this study, owe my sincere thanks and gratitude to all those who have contributed towards the successful completion of this endeavour.

I owe a great deal of thanks to **Dr. K. VARADHARAAJEN B.A, B.L., Chairman and managing trustee** Thanthai Roever College of Nursing for providing me an opportunity to pursue post graduation in nursing in this esteemed institution.

"Things do not turn up in this world until somebody turns them up." I express my sincere thanks and appreciation to **Prof. Mrs. R.PUNITHAVATHI, M.Sc(N).**, **Principal, Thanthai Roever College of Nursing,** for laying the foundation of scientific research and rendering the needed corrections, suggestions, support and love throughout this study.

This study has been completed under the guidance of **Prof. Mrs. V.J. ELIZABETH, M.Sc(N)., Vice Principal, Thanthai Roever College of Nursing.** I express my sincere gratitude to her for the guidance, suggestions and encouragement.

Thanks galore to **Mrs. MERCY JOY, M.Sc(N)., our I year Coordinator** for the valuable suggestions and timely help rendered to me throughout this study.

My gratitude to **Mrs. RADHIKA, M.Sc(N).,** for her support and valuable guidance.

I thank to all **TEACHING FACULTY of Thanthai Roever college of Nursing** for their timely advice, encouragement and support.

I express my heartfelt gratitude to all the **EXPERTS FOR VALIDATING** the tool and for giving necessary corrections.

I wish to express my thanks to the **MEDICAL ADMINISTRATOR of Jeyasekharan Hospital** in Kanyakumari district for granting permission to conduct the pilot study and main study.

My sincere thanks extended to **Mr. SENTHIL KUMAR**. **M.Sc.,** his expert validation in the statistical analysis procedures helped in great measure.

Thanks to the **librarian Mr. KAMESWARAN, M.L.I.S., M. Phil., and all the library staffs of T.N Dr.M.G.R Medical University, Chennai** for their cooperation and support.

I wish to acknowledge my gratitude to **Prof.Mrs. A. SUBA M.A.,B.Ed.,M.Phil.,** who helped me for translating the tool in Tamil and to bring this dissertation to its final shape.

I extend my warmest thanks to **Prof.K.NESAPRIYA, M.A.,M.Phil., Dept of English, Hans Roever College, Perambalur**, for pensive editing of my content in English.

I acknowledge the positive response of my **SUBJECTS** without whom this project would have been next to nothing. My sincere thanks to all the participants who formed the core and basis of this study, for their wholehearted cooperation.

I wish to place my sincere thanks to **all the members of Dissertation Committee and faculties of Thanthai Roever College of Nursing** for their suitable suggestions, genuine interest and timely encouragement which contributed towards the completion of the study.

I owe my success to my parents **Mr. Y. PAUL THURAI** and **Mrs. P. LILLY PUSHPAM.,** the smooth sail in my endeavor was the result of their constant support, love, encouragement, patience and prayers. Above all I am deeply indebted to my brother **Mr. P. YESU JEYA BENSH,** who has made this task possible through their never ending concern, unconditional support and encouragement.

I thank to all my **FRIENDS** who helped a lot for the successful completion of this thesis.

My sincere thanks and gratitude to all those who have directly or indirectly helped in successful completion of the thesis.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ANNEXURES

THE EFFECT OF GUIDED IMAGERY ON PAIN AMONG PATIENTS WITH CANCER IN SELECTED HOSPITAL AT NAGERCOIL

ABSTRACT

INTRODUCTION: Cancer is one of the second largest killer diseases next to heart diseases. The worldwide incidence of cancer is estimated at seven million with an annual mortality of about five million. Pain continues to be a relevant symptom experienced by cancer patients. Guided imagery is particularly helpful for pain management and for reducing symptoms related to anxiety, stress, and other mental health conditions in which intruding thoughts play a role in the pathology.

OBJECTIVES OF THE STUDY: To assess the effectiveness of guided imagery on pain among patients with cancer.

METHODS: Study design was pre experimental, one-group pretest-posttest design. Thirty cancer patients who experience moderate pain were selected by non probability convenient sampling. The group received guided imagery twice a day for 3 days for 25 minutes.

RESULTS: In the pre test majority of the subjects 18(60%) experienced moderate pain and 12 (40%) experienced severe pain among patients with cancer. In the post test level of pain among patients with cancer majority of the subjects 20 (66. 67%) experienced mild pain, 8(26.66%) experienced moderate pain and 2(6.67%) had no pain. The mean pain score in

the post test (3.03) lesser than the mean pain score in the pre test (6.93).The calculated t value was (28.149) greater than the table value (2.05) and it is found significant at $P<0.05$ level. The observed chi-square value (13.913) was greater than the tabulate value (12.59) and it is significant association found between the post test level of pain and type of cancer treatment.

CONCLUSIONS: The study highlights that the level of pain among patients with cancer was reduced after receiving guided imagery.

CHAPTER I

INTRODUCTION

“Imagination is more important than knowledge, for knowledge has its limits”……. Albert Einstein

Cancer is one of the second largest killer diseases next to heart diseases. The worldwide incidence of cancer is estimated at seven million with an annual mortality of about five million. It is projected that by 2015 two third cancer will occur in the developing world.

Pain is among the most common and most feared symptoms of cancer. According to the Cancer Information Network, between 30%-50% of cancer patients experience pain and approximately 70% experience severe pain at some point during the course of their disease. It is much more than a physical sensation caused by a specific stimulus. It is defined as whatever the person says it does. This clinical definition recognizes pain as a personal, private experience.

Pain makes suffering worse by increasing feelings of helplessness, anxiety, depression, fear of the future, lower levels of performance status and higher levels of total mood disturbance, fatigue, confusion, and lethargy. Whatever the status of the cancer, uncontrolled pain may prevent someone from working productively, enjoying recreation, or taking pleasure in family and their surroundings. It affects quality of life in four main ways physically (people feel weak), psychologically (people feel unable to cope), socially

(people's relationships suffer), spiritually (suffering may make people question their beliefs).

Usually health care team use medications which are prescribed according to a plan that was first described by WHO and is called Analgesic ladder approach to pain management bring in about alternative methods of decreasing pain. Pain is not always controlled by analgesics in every health care setting. To augment medication, patients may use selfcare methods such as simple relaxation, soothing music and guided imagery.

Guided imagery is an important alternative to pharmacotherapy, which has greater safety and for fewer complications, requires lesser precautions and contraindications. It is particularly suited to the current health care climate, and provides value cost effective mind and body medicine, improved medical self care and empowering approaches to health care.

In understanding the guided imagery it is important to distinguish it from other forms of mental relaxation such as meditation. Guided imagery is the directed focusing of the mind through the use of imagination and visualization of imagery. It uses creative thoughts and imagery help to connect the mind, the body and emotions and can be focused on the past, present, or future. In guided imagery, visual images are predominant with auditory, tactile, olfactory, and proprioceptive sensations are also used to creative a multiple sensory experience. In therapeutic applications, guided imagery has been used to alleviate responses to negative stimuli, reduce anxiety, decrease pain and elicit the imagination for healing purposes.

Guided imagery can also been found to enhance the immune system, which protects the body against outside invaders such as viruses, bacteria and even cancer. Imagery can positively affect the physiology of the body by lowering blood pressure and heart rate, both beneficial in treating and preventing heart disease. Guided imagery can decrease pain and alleviate the side effects of many drugs, including chemotherapy.

Nurses play a vital role in pain management by interacting with the patients as a total person, believing what the patient says about his experiences and respecting the reaction and attitudes towards pain. She can assist the patient by using a variety of techniques to achieve skeletal muscle relaxation.

BACKGROUND OF THE STUDY

About half of all patients with cancer are experiencing pain, and more than a third of those experience moderate or severe pain that diminishes their quality of life by adversely affecting mood, sleep, social relations and activities of daily living.

National Cancer Institute reported that every cancer patient who has experienced pain can provide his or her own list of the damage pain can do to one's life. It affect the quality of life, fear of pain, stress, sleep is disturbed, ability to work is impaired, sadness, depression, anxiety and worry are commonly felt emotions, appetite diminishes, feelings of isolation from the world increase.

Caraceni A et al An international group of investigators evaluated a prospective, cross-sectional international survey of pain among patients with cancer. Surveys found that pain is highly prevalent among patients with cancer and predicts more severe pain, pain-related distress and functional impairment, and relatively poor quality of life.

NEED FOR THE STUDY

Cancer prevalence in India is estimates to be around 2.5 million, with over 8, 00,000 new cases and 5, 50, 000 death occurring each year due to this disease in the country. Pain is a common problem in newly diagnosed cancer patients and cancer survivors. Cancer patients with pain had significantly higher levels of anxiety, depression, anger, worry about pain, fear of the future, and fear of pain progression, negative mood and lower levels of positive mood.

Often, analgesic medications do not completely relieve the pain and alternative measures are sought out for relief. People who experience pain typically develop and use a number of coping strategies to cope with, deal with, or minimize the effects of pain. These might involve behavioral coping strategies (e.g., resting, applying moist heat) or breathing and relaxation, hypnotherapy, massage, meditation, guided imagery and yoga. Clinical observations suggest that patients with cancer often report using coping strategies to manage their pain. Patients with cancer report that these strategies are helpful not only in reducing their pain but also in enabling them to remain active and manage their psychological distress.

Guided imagery uses the power of the mind to aid in healing. It engages all the senses to heal from within. Guided imagery involves the focused and intentional use of active imagination to add insight and to create desired outcomes and goals. Guided imagery has been used in many forms throughout human history. These include religion, ritual, prayer, sports, medicine, and stress reduction.

A review of 46 studies that were conducted was suggested that guided imagery will helpful in managing stress, anxiety, and depression and in lowering blood pressure, reducing pain, and reducing some side effects of chemotherapy. It also suggests that imagery can directly affect the immune system. Although one uncontrolled, exploratory study suggested that guided imagery could improve survival for people with cancer and proved that guided imagery was an effective treatment modality in reducing pain and improve coping of clients with various life issues of cancer patients.

Nurses play an important role by lending their helping hand to alleviate the sufferings and pain of cancer patients. So the investigator felt the need to find the effectiveness of guided imagery on pain among patients with cancer, as one of the alternative therapy to alleviate the pain.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of guided imagery on pain among patients with cancer in selected Hospital at Nagercoil.

OBJECTIVES OF THE STUDY

1. To assess the existing level of pain among patients with cancer.
2. To assess the effectiveness of guided imagery on pain among patients with cancer.
3. To find out the association between post-test level of pain among patients with cancer and their selected demographic variables who receives guided imagery.

RESEARCH HYPOTHESIS

- **H_1.** There will be a significant reduction in pain among patients with cancer who receives guided imagery.
- **H_2.** There will be a significant association between post-test level of pain and selected demographic variables of patients with cancer who receives guided imagery.

OPERATIONAL DEFINITIONS

EFFECTIVENESS

It refers to the capability of producing a desired result.

In this study, it refers to the outcome of guided imagery therapy upon pain among patients with cancer.

GUIDED IMAGERY

Guided imagery is a system of visualization that can be used to help in relaxation.

In this study, it refers to administration of recorded sound of waves with structured verbal suggestions to guide the patient for relaxation, mental visualization and followed by breathing exercises for 25 minutes, twice a day for 3days.

PAIN

Pain is the unpleasant sensation self reported by the patients with cancer.

In this study, it refers to the score that is reported by the patients with cancer on the numerical pain rating scale.

PATIENTS WITH CANCER

It refers to the patients with cancer experiencing pain.

In this study, it refers to all the patients who are diagnosed to have cancer and admitted for the treatment of cancer with pain, in Jeyasekharan hospital.

ASSUMPTIONS

- Majority of the patients with cancer would experience pain.
- Guided imagery reduces pain among patients with cancer.
- Guided imagery is cost effective and has no adverse effects.
- The demographic variables have significant association with the effect of guided imagery on pain among patients with cancer.

DELIMITATIONS

- The study was limited to a period of 4 weeks.
- The study was limited to 30 patients with cancer who experienced pain.
- The study was limited to only one hospital.

PROJECTED OUTCOME

The findings of this study will reveal the effectiveness of guided imagery in reducing the pain among patients with cancer. If found to be effective this intervention could be incorporated as one of the nursing measures to reduce pain among patients with cancer.

CHAPTER II

REVIEW OF LITERATURE

Researchers never conduct a study in an intellectual vacuum; their studies are actually undertaken within context of an existing knowledge base (Polit &Hungler 1999).

The review of related literature is an essential aspect of scientific research. It entails the systematic identification, reflection, critical analysis and reporting of existing information in relation to the problem of interest. The purpose of review of literature is to obtain comprehensive knowledge and in depth information about the effectiveness of guided imagery on pain among patients with cancer.

PART I

The review of related literature is organized under the following section.

Section A Studies related to guided imagery.

Section B Studies related to guided imagery on pain.

Section A Studies related to guided imagery.

New York Beth Israel Medical Center (2013) evaluated the impact of guided imagery on patients undergoing radiation therapy for breast cancer. Eligible patients receiving guided imagery sessions were monitored

via biofeedback before and after each session. Measures included blood pressure, respiration rate, pulse rate, and skin temperature. Measured parameters revealed statistically significant improvement from baseline, with decreases noted in respiration rate and pulse rate as well as systolic and diastolic blood pressure. Skin temperature increased, indicating more peripheral capillary flow as a result of a decrease in the sympathetic response.

Maj Eric A. et al (2010) evaluates the effects of guided imagery on postoperative outcomes in patients undergoing same-day surgical procedures. forty-four adults scheduled for head and neck procedures were randomly assigned into 2 groups. Anxiety and baseline pain levels were documented preoperatively. Both groups received 28 minutes of privacy, during which subjects in the experimental group listened to a guided imagery compact disk (CD), but control group patients received no intervention. Data were collected on pain and narcotic consumption at 1- and 2 hour postoperative intervals. In addition, discharge times from the postoperative anesthesia care unit (PACU) and the ambulatory procedure unit and patient satisfaction scores were collected. The change in anxiety levels decreased significantly in the guided imagery group (P = .002). At 2 hours, the guided imagery group reported significantly less pain (P = .041). In addition, length of stay in PACU in the guided imagery group was an average of 9 minutes less than in the control group (P = .055). The use of guided imagery in the ambulatory surgery setting can significantly reduce preoperative anxiety, which can result in less postoperative pain and earlier PACU discharge times.

Sarkar TK et al (2009) conducted a study in University School of Nursing in Baltimore, Maryland showed significant benefits from the use of information, cognitive restructuring, and relaxation with guided imagery in those patients with breast cancer who underwent autologous bone marrow/peripheral blood stem cell transplantation. This strategy was found to be effective in significantly reducing anxiety, nausea, and vomiting combined with fatigue.

Kavitha.K (2009) conducted a quasi experimental study to assess the effectiveness of guided imagery on blood pressure among PIH mothers in Madurai, India. A sample of 30 PIH mothers was selected by using purposive sampling method. The results reported that there was a significant reduction in both systolic and diastolic pressure after guided imagery among PIH mothers and is ($P < 0.05$). The researcher concluded that guided imagery was independently effective among PIH mothers in reducing blood pressure.

Vasantha (2009) conducted a quasi experimental one group pretest- post test study in Mangalore to determine the effectiveness of guided imagery on quality of life among the cancer patients. The study sample consisted of 30 cancer patients and the pre test and the post test quality of life was measured by using FACT-G Modified Multidimensional Quality of Life Scale. Guided imagery had been administered twice a day for 3 days. The study findings revealed that the mean post-intervention Quality of Life score (148.60) was higher than the mean pre-intervention Quality of Life score (75.40), with the mean difference of 73.20. The computed 't' value (25.515) which is greater than the tabled value ($t_{29} = 2.045$, $p<0.05$) showed

that there was significant difference between the pre-intervention and post-intervention Quality of Life, suggesting that the guided imagery was effective for improving the Quality of Life of cancer patients.

Ross man (2008) conducted a study in Walther Cancer Institute found that individuals who participated in guided imagery sessions scored better on both mood scores and quality of life scores than those who did not. Interestingly, these scores continued to improve in the experimental group, even after sessions were complete, indicating that guided imagery is effective in improving mood and quality of life in oncology patients.

Tampa (2008) conducted a study in a Cancer Hospital and Research Institute at Ohio State University in Columbus found that those patients using a chemotherapy-specific guided-imagery audiotape expressed a significantly more positive experience with chemotherapy, finding guided imagery to be an effective intervention to promote patient involvement in self-care practices and to increase patient coping abilities during symptom occurrence.

Cathy Wong, ND (2008) Preliminary research indicates that guided imagery may improve immune function in people with cancer. In a 2008 pilot study of 28 breast cancer patients, for instance, those who took part in a guided imagery and relaxation program prior to undergoing surgery experienced increased activity in natural killer cells (known to play a key role in immune defense).

Schwab D et al (2007) conducted a study that Guided Imagery intervention yielded an adoption rate of 74%. Patients who used the guided imagery intervention reported significantly reduced anxiety and high levels of satisfaction. A trend toward shorter hospital stays (8% reduction, P=.07) was also observed in the imagery group, as well as reduced pharmaceutical costs (14% reduction, P=.181). In total, there was a 14% reduction in mean total charges billed per procedure in the imagery patients.

Walker LG, et al. (2005) conducted a study in the University of Miami found that 13 weeks of guided imagery and music showed significant decreases in cortisol level, the stress hormone which strongly correlated with mood disturbances, as well as demonstrating a significant reduction in depression, fatigue, and total mood disturbance.

Section B Studies related to effectiveness of guided imagery on pain

Kristine L et al (2013) conducted a study on effectiveness of guided imagery to cancer patients. Data from interviews conducted after a trial of guided imagery interventions were analyzed to compare patients' perceptions of treatment effects with observed changes in pain scores, and to explore patients' ideas about factors that contributed to the effectiveness of each intervention. Twenty-one participants (81%) reported that the Guided Imagery intervention worked to relieve their pain.

Almeida Victoria D (2013) conduct an evaluatory approach with one group pre-test post-test pre-experimental design used for the study. Thirty

cancer patients aged between 20–70 years with pain on Visual Analogue Scale (VAS) were selected using purposive sampling technique. Guided Imagery was administered after the assessment of pre intervention intensity of pain and Quality of life, Intensity of pain was measured before and after intervention twice a day for 5 days and post-intervention Quality of life was assessed on fifth day evening after the intervention using the same tool. Guided Imagery is an effective strategy in reducing the intensity of pain and improving the Quality of life of cancer patients.

Lakshmi .J (2009) done a interventional study to assess the effectiveness of Guided imagery on anxiety among patients with cancer at selected Hospital, Ernakulum district. The findings revealed that intervention was effective, the findings were consistent with the literature and it was concluded that Guided imagery was effective in reducing the pain perception among the patients with cancer.

Wanta B (2008) conducted a study that guided imagery is useful strategies for cancer pain; however, their effects vary from patient to patient. Patients' perceptions of these treatments and factors that contribute to their effectiveness have not previously been described. Data from interviews conducted after a trial of guided imagery interventions were analyzed to compare patients' perceptions of treatment effects with observed changes in pain scores, and to explore patients' ideas about factors that contributed to the effectiveness of each intervention.

Vainio A (2008) conducted a study in the Anderson cancer Center in Houston, TX observed a desire for and a benefit from patients being able to attach meaning to the disease and its treatment. They felt that this is why many are drawn to guided imagery as a tool in the management of oncology-related stress and pain by using it to reconnect to the self, to make sense of their experiences with breast cancer, and for managing oncology pain in a manner that increases ones sense of control, thereby alleviating the suffering of the survivor.

Kwekkeboom et al (2008) conducted a study to assess patients perceptions of the effectiveness of guided imagery interventions used for cancer pain and found that in most cases, participants perceptions of treatment effects matched observed changes in pain scores.

Kneip.J. et al (2006) conducted a pilot study of 62 hospitalized cancer patients currently experiencing pain, researchers found that using guided imagery audiotapes helped reduce pain intensity. Study results suggest that patients with greater visualization abilities may be more likely to experience pain reduction when using guided imagery.

PART II

CONCEPTUAL FRAMEWORK

The conceptual framework and model adopted for the present study was based on Roy's adaptation model (1984). Roy's model focuses on the concept of adaptation of the person. Her concepts of nursing, person, health, and the environment are all interrelated to this central concept. The person continually experiences environmental stimuli. Ultimately, a response is made and adaptation occurs. That response may be either an adaptive or an ineffective response. Adaptive response promotes integrity and helps the person to achieve the goal of adaptation; that is, they achieve survival, growth, mastery, person and environmental transformation. Ineffective response fails to achieve or threaten the goals of adaptation.

Nursing has a unique goal to assist the persons adaptation effort by managing the environment. The result is attainment of an optimal level of wellness by a person.

SYSTEM

The system diagnosed with pain among patients with cancer and the environment is the hospital, home and working place. Both will have a constant interaction with each other.

INPUT

The adaptive system has inputs as behavioral responses that serve as feedback and control process known as coping mechanisms.

FOCAL STIMULI

The demographic variables like age, gender, religion, education, duration of illness (Internal factors), marital status, occupation, income, diet pattern, area of residence, habits, type of cancer treatment (External factors) precipitates the level of pain and which is reflected either as adaptive or maladaptive response. The level of pain differs due to these internal and external factors.

CONTEXTUAL STIMULI

The contextual stimulus includes lack of information about pain and its management, environment of the home, and treatment, alteration in socialization process.

RESIDUAL STIMULI

The residual stimulus includes the beliefs, attitude related to pain.

COPING PROCESS

Acquired coping mechanisms are developed through strategies such as learning. The experience encountered throughout life contributes to customary responses to particular stimuli.

REGULATOR SUBSYSTEM

The mal adaptive level of pain alters the regulator subsystem. The regulator sub system includes the pain, disturbed sleep, activities of daily living and poor appetite.

COGNATOR SUBSYSTEM

The maladaptive level of pain alters the Cognator subsystem. The changes in the Cognator subsystem can be noted in mood, performance, memory, concentration, quality of life, fear of pain and stress.

After assessing the level of pain by using the numerical pain rating scale. The guided imagery intervention was carried out. Here the guided imagery intervention was used as the coping mechanism.

ADAPTATION LEVEL

A person's adaptation level is a constantly changing point, made up of focal, contextual and residual stimuli which represent the person's own standard of range of stimuli to which one can respond with ordinary adaptive response.

ADAPTATION PROBLEMS

Adaptation problems are broad areas of concern related to adaptation. This describes the difficulties related to the indicators of positive adaptation.

ADAPTATIVE MODES

- **PHYSIOLOGICAL MODE**

  The adaptive response in physical mode is the normal sleep pattern, activities of daily living, reduced pain and good appetite.

- **SELF CONCEPT-GROUP IDENTITY MODE**

  The adaptative response in self concept mode is decreased fear of pain, increased concentration, mood, performance, memory, improved quality of life.

- **ROLE FUNCTION MODE**

  It refers to improved performance

- **INTERDEPENDENCE MODE**

  The adaptive response in interdependence mode is to maintain social integrity.

OUTPUT

The guided imagery may increase the coping pattern which reflects in the reduction of pain among patients with cancer and maintenance of good physiological and psychological status of patient with cancer, which is assessed by using numerical pain rating scale thus showing adaptive response.

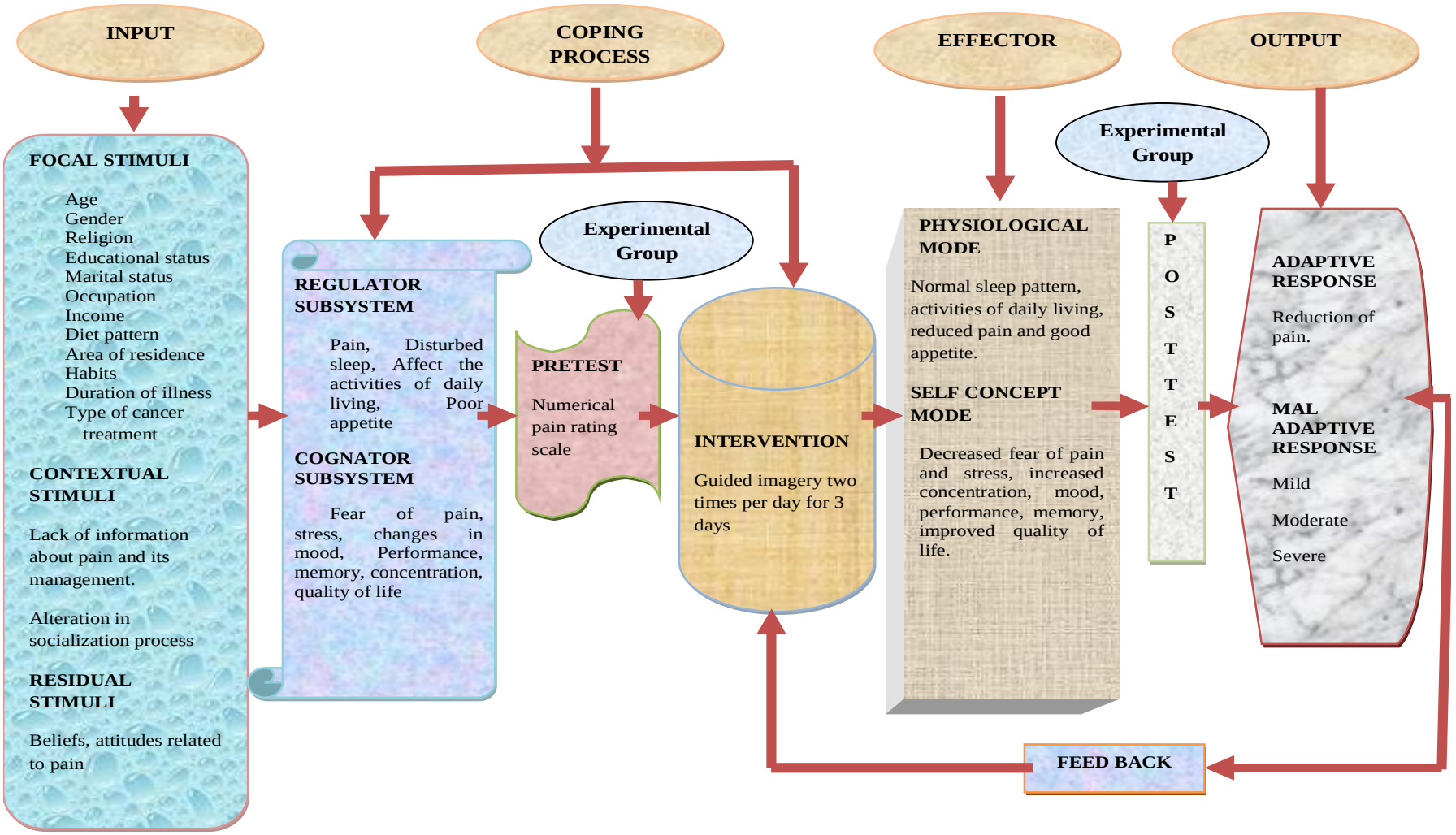


Figure: 1 Modified Roy's Adaptation Model

CHAPTER III

RESEARCH METHODOLOGY

This chapter describes the methodology followed to assess the effectiveness of guided imagery on pain among patients with cancer. It includes research design, variables, settings, population, Sample, criteria for sample selection, sample size, sampling technique, development and description of tool, content validity, pilot study, data collection procedure and plan for data analysis.

RESEARCH APPROACH

Evaluative approach was used for the study.

RESEARCH DESIGN

Pre experimental, one-group pretest-posttest design.

GROUP	PRE-TEST	INTERVENTION	POST-TEST
E	O_1	X	O_2

E = Experimental group.

O_1 = Pre-test assessment of pain (1^{st} day).

X = Intervention of Guided imagery (2times/day × 3 days for 25 minutes).

O_2 = Post test assessment of pain (3^{rd} day).

VARIABLES

Dependent variable - Pain among patients with cancer.

Independent Variable - Guided imagery.

SETTING OF THE STUDY

The study was conducted in Jeyasekharan hospital, Nagercoil.

STUDY POPULATION

The population selected for this study is patients with cancer.

TARGET POPULATION

Patients with cancer who are experiencing pain.

ACCESSIBLE POPULATION

Patients with cancer who are experiencing pain admitted in Jeyasekharan hospital, Nagercoil.

SAMPLE

Patients with cancer who are experiencing moderate pain and who met the inclusion criteria.

SAMPLE SIZE

The sample size was **30** patients.

SAMPLING TECHNIQUE

Non probability convenient sampling was used in selecting the samples.

CRITERIA FOR SAMPLE SELECTION

INCLUSION CRITERIA

1) Patients with cancer who were admitted in Jeyasekharan hospital, Nagercoil.
2) Patients in the age group of 20 to 60 years.
3) Patients with cancer who experiencing moderate pain.
4) Patients with cancer who are willing to participate.
5) Patients with cancer who understands either Tamil or English.

EXCLUSION CRITERIA

1) Patients with cancer who were not willing to participate in the study.
2) Patients who were unconscious.
3) Patients who had sensory deficits.
4) Patients with cancer who do not report pain.

DESCRIPTION OF THE DATA COLLECTION TOOL

PART I

Interview guide which consist of questions to collect the demographic data.

PART II

The numerical pain rating scale was used to assess the pain among patients with cancer. The scores ranging from 0 to 10 and the pain level was self reported by the patients.

GRADING PROCEDURE

The obtained pain scores were graded as follows.

LEVEL OF PAIN	SCORE
No pain	0
Mild pain	1 – 3
Moderate pain	4 – 7
Severe pain	8 - 10

CONTENT VALIDITY

The content validity of the tool was established on the opinion of six experts in the field of nursing experts. Numerical pain rating scale was finalized for this study.

PILOT STUDY

The pilot study was done at Jeyasekharan Hospital, Nagercoil between 13.06.13 to 17.06.13 to test the feasibility, relevance and practicability. Permission was sought from the medical administrator. The objectives of the study were explained to the medical administrator. The purpose of the study was explained to the patients with cancer and got consent from the samples. In this study 3 patients with cancer who experience pain were selected. Pre test level of pain was assessed on the 1st day. The intervention guided imagery was given for 3 days by 2 times a day for 25 minutes. The post test level of pain assessment was done at the 3rd day. It shows that the study was found to be feasible.

DATA COLLECTION PROCEDURE

Data collection was done from 26.6.2013 to 22.07.2013 at Jeyasekharan Hospital Nagercoil with the permission from the medical administrator. The client was selected by Non- probability convenient sampling. Data was collected all the days except Sunday. The purpose of the study was explained and written consent was brought from all patients before the study. 30 patients with cancer was assessed using numerical pain rating scale by self reported by the patient. The pre-test level of pain was assessed at 1st day. The guided imagery with music intervention was provided by twice a day for 3days for 25 minutes. The post-test level of pain was assessed at the 3rd day by using numerical pain rating scale.

PLAN FOR DATA ANALYSIS

Both descriptive and inferential statistics will be used.

DESCRIPTIVE STATISTICS

1. The frequency and percentage distribution will be used to analyze the demographic variables and level of pain among patients with cancer.
2. Mean and standard deviation will be used to assess the pre-test and post-test pain scores.

INFERENTIAL STATISTICS

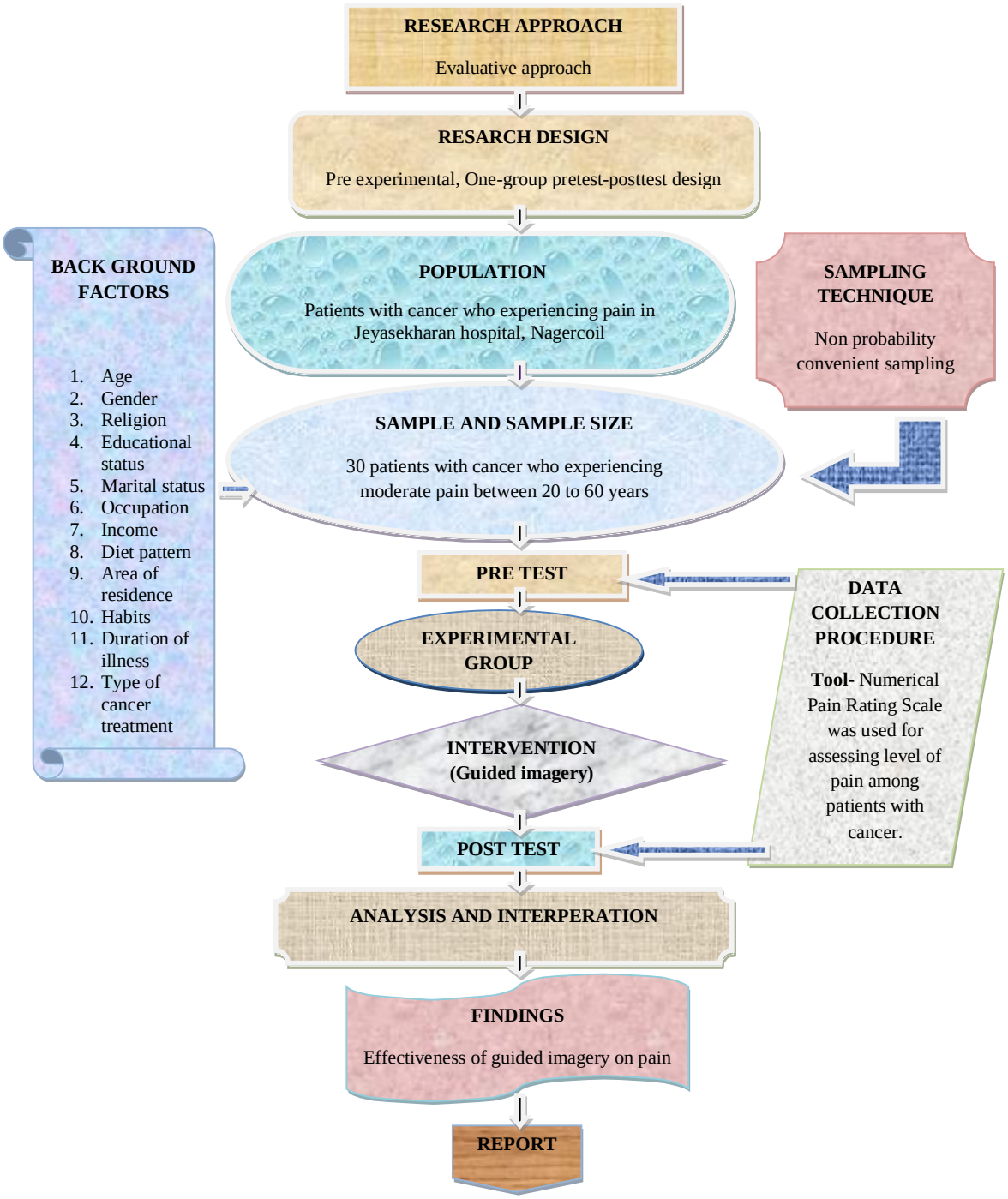
1. Paired‘t’- test will be used to compare the pre-test and post-test level.
2. Chi-square test will be used to find out the association of post-test level with their selected demographic variables.

PROTECTION OF HUMAN RIGHTS

The study was performed after getting approval from the dissertation committee, Thanthai Roever College Of Nursing, Perambalur. Permission was obtained from the managing director of Jeyasekharan hospital, Nagercoil. Consent was obtained from each study subject before collecting data. Confidentiality was maintained throughout the study.

FIGURE 2

SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY



CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis and interpretation of data related to the effectiveness of guided imagery on pain among patients with cancer in selected hospital at Nagercoil.

ORGANIZATION OF DATA

The obtained data were grouped, tabulated, analyzed, organized based on the objectives of the study presented below.

SECTION I

Description of demographic variables of pain among patients with cancer.

SECTION II

Pre-test and post-test level of pain among patients with cancer.

SECTION III

Comparison of mean pain score and standard deviation in the pre-test and post test among patients with cancer.

SECTION IV

Association of the post test level of pain among patients with cancer with their selected demographic variables.

SECTION I

Table 1 Frequency and percentage distribution of demographic variables of pain among patients with cancer (N=30)

S.No	Demographic variables	Frequency N=30	Percentage 100%
1.	**Age in years**		
	a) 20-40	**7**	**23.33%**
	b)41-60	**9**	**30%**
	c)Above 60	**14**	**46.67%**
2.	**Gender**		
	a)Male	**13**	**43.33%**
	b)Female	**17**	**56.67%**
3.	**Religion**		
	a)Hindu	**12**	**40%**
	b)Muslim	**4**	**13.33%**
	c)Christian	**14**	**46.67%**
4.	**Educational status**		
	a)No formal education	**3**	**10%**
	b)Primary	**14**	**46.67%**
	c)Higher secondary	**6**	**20%**
	d)Graduate	**4**	**13.33%**
	e)Post graduate	**3**	**10%**
5.	**Marital status**		
	a) Married	**28**	**93.33%**
	b)Unmarried	**2**	**6.67%**
6.	**Occupation**		
	a)Agriculture	**5**	**16.66%**
	b)Business	**8**	**26.67%**
	c)Employee	**8**	**26.67%**
	d)Domestic engineer	**9**	**30%**

S.No	Demographic variables	Frequency N=30	Percentage 100%
7.	**Income in Rs**		
	a)Below 3000	**7**	**23.33%**
	b)3000-10,000	**17**	**56.67%**
	c)Above 10,000	**6**	**20%**
8.	**Diet pattern**		
	a)Vegetarian	**2**	**6.67%**
	b)Non-vegetarian	**28**	**93.33%**
9.	**Area of residence**		
	a)Urban	**16**	**53.33%**
	b)Rural	**14**	**46.67%**
10.	**Habits**		
	a)Smoking	**3**	**10%**
	b)Alcohol	**5**	**16.67%**
	c)Tobacco	**4**	**13.33%**
	d)None	**18**	**60%**
11.	**Duration of illness**		
	a)Less than 1 year	**21**	**70%**
	b)1-3 years	**7**	**23.33%**
	c)More than 3 years	**2**	**6.67%**
12.	**Type of cancer treatment**		
	a)Radiation therapy	**3**	**10%**
	b)Chemo therapy	**8**	**26.67%**
	c)Surgery	**13**	**43.33%**
	d)Palliative care	**6**	**20%**

Table 1 reflects the frequency and percentage distribution of demographic variables of patient with cancer.

- Majority 14 (46.67%) of the subjects were above 60 years.
- Majority 17 (56.67%) of the subjects were female.
- Majority 14 (46.67%) of the subjects were Christian.
- Majority 14 (46.67%) of the subjects were completed their primary education.
- Majority 28 (93.33%) of the subjects were married.
- Majority 9 (30%) of the subjects were domestic engineer.
- Majority 17 (56.67%) of the subjects have an income of rupees 3000-10,000.
- Majority 28(93.33%) of the subjects taken non vegetarian.
- Majority 16(53.33%) of the subjects were from urban.
- Majority 18 (60%) of the subjects had no bad habits.
- Majority 21 (70%) of the subjects have illness less than 1 year.
- Majority 13 (43.33%) of the subjects receives surgery treatment**.**

Figure 3 Percentage distribution of age of patients with cancer

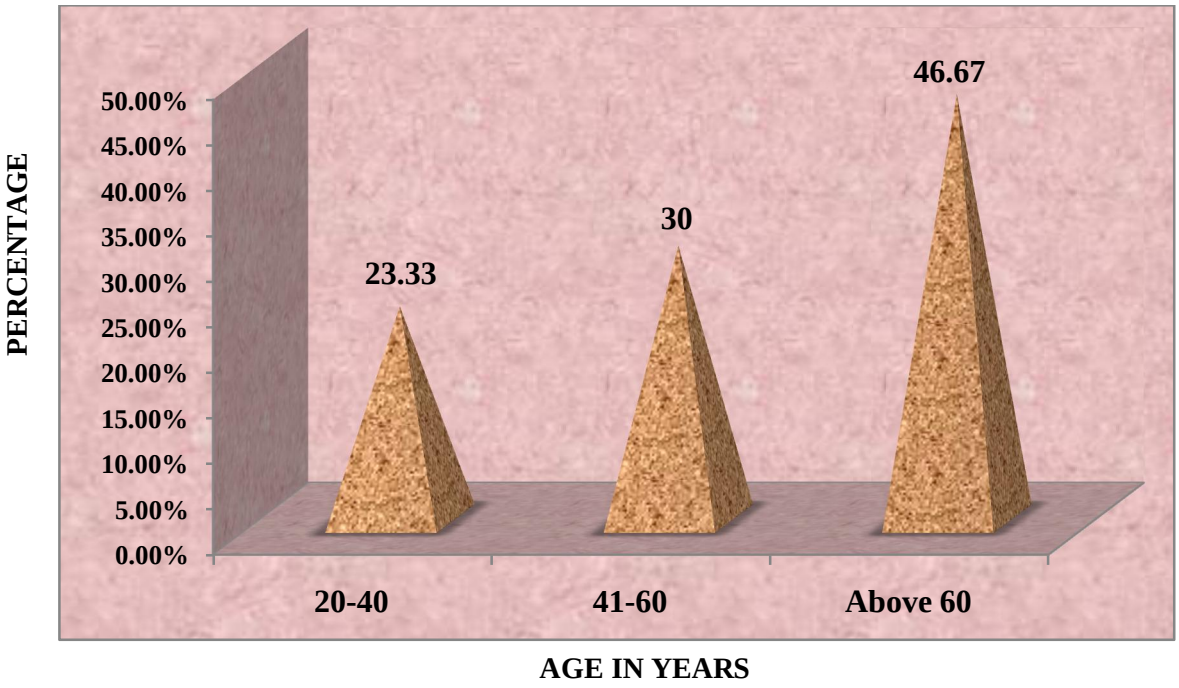


Figure 4 Percentage distribution of gender of patients with cancer

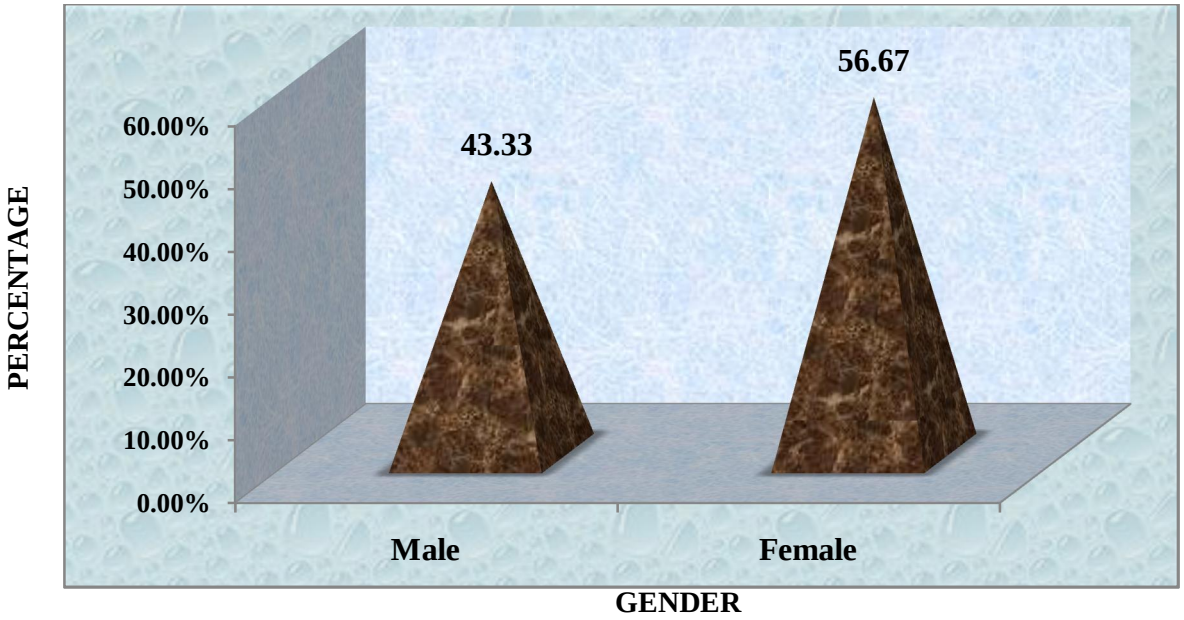


Figure 5 Percentage distribution of occupation of patients with cancer

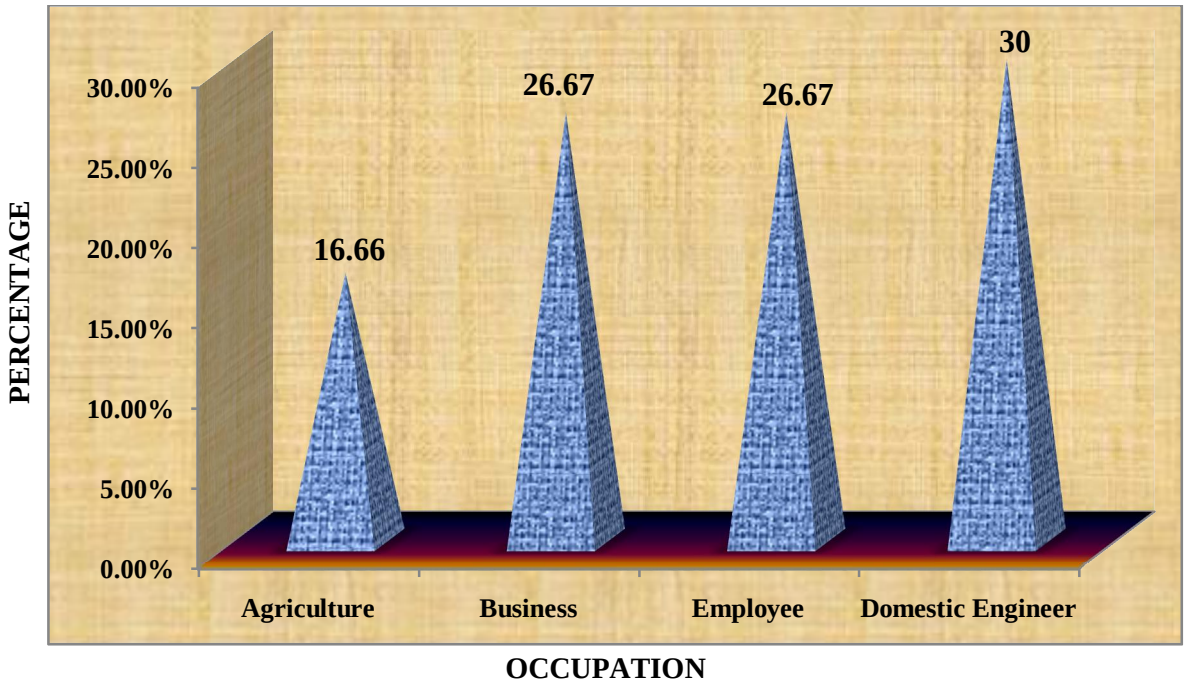


Figure 6 Percentage distribution of area of residence of patients with cancer

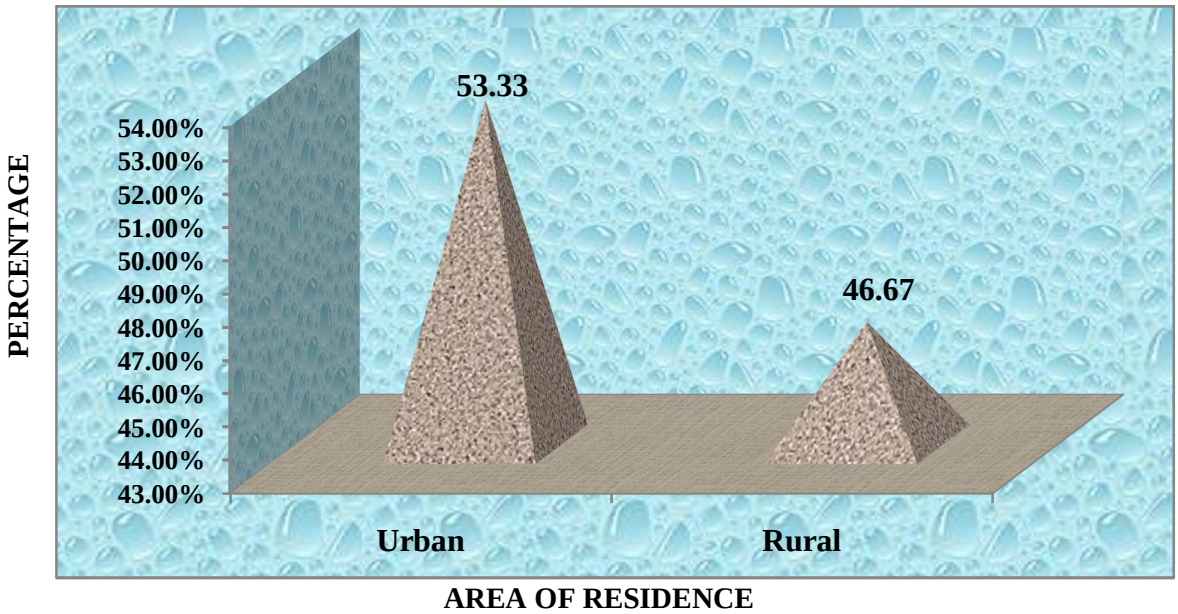
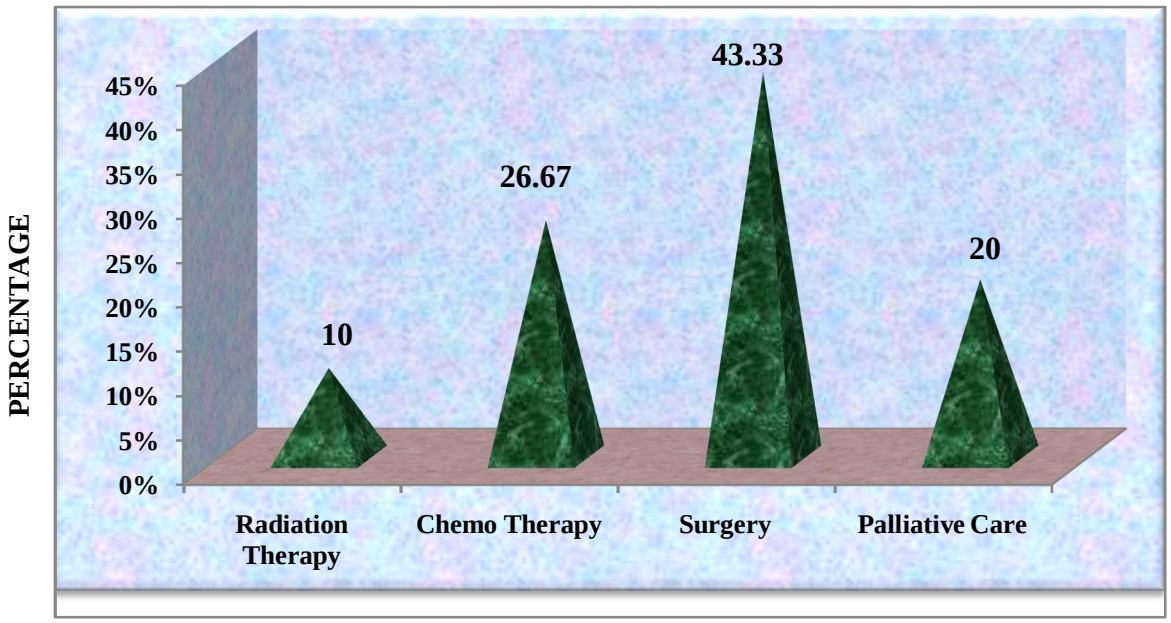


Figure 7 Percentage distribution of type of cancer treatment of patients with cancer



SECTION II

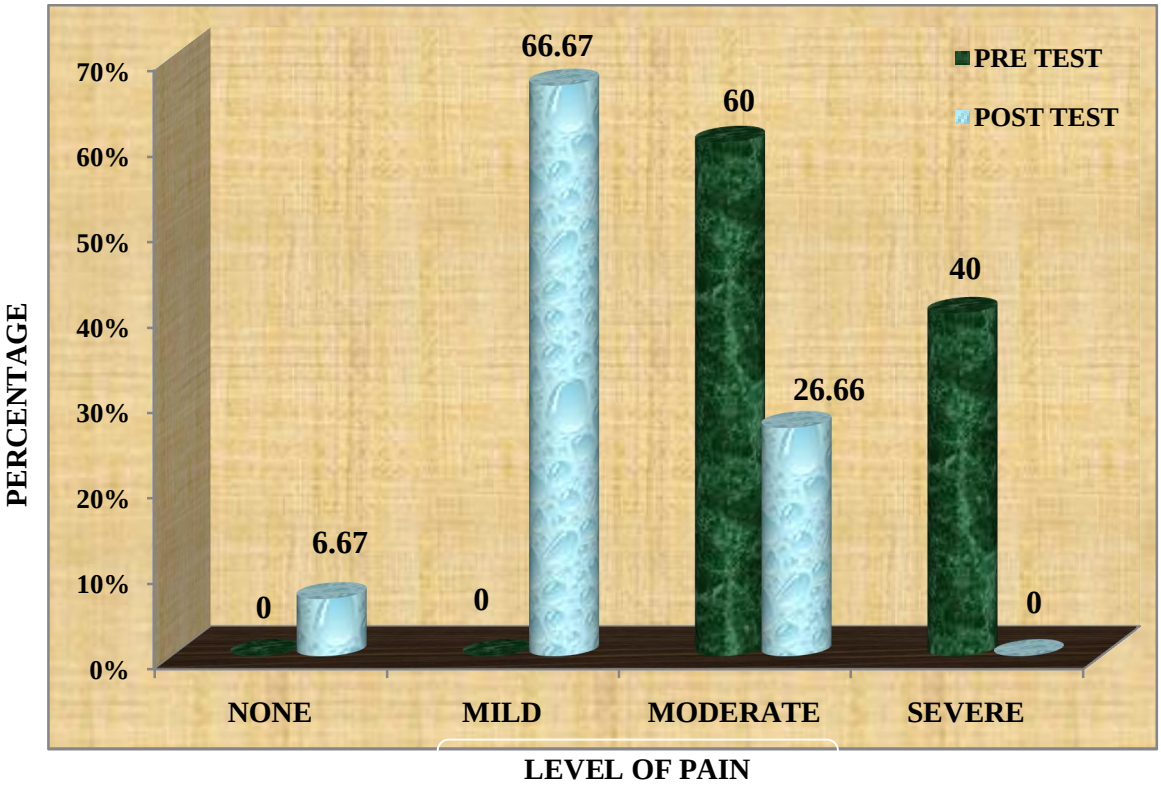
Table 2 Pre-test and post-test level of pain among patients with cancer

(N=30)

Level of pain	Pre-test		Post-test	
	Frequency f	**Percentage %**	**Frequency f**	**Percentage %**
None	-	-	2	6.67%
Mild	-	-	20	66.67%
Moderate	18	60%	8	26.66%
Severe	12	40%	-	-

Table 2 depicts the assessment of pre test and post test level of pain among patients with cancer. It shows that about 18 (60%) patients experienced moderate pain and 12 (40%) experienced severe pain in the pre-test. In post-test 20 (66.67%) patients experienced mild pain, 8 (26.66%) patients experienced moderate pain and 2 (6.67%) patients had no pain.

Figure 8 Percentage distribution of pre-test and post-test level of pain among patients with cancer.



SECTION III

Table 3 Comparison of mean pain score and standard deviation in the pre-test and post-test among patients with cancer. (N=30)

Test	Total score	Mean	Standard deviation (SD)	Mean difference	't' Value
Pre- test	10	6.93	1.413		
				3.9	**28.149***
Post- test	10	3.03	1.273		

***Significant at 0.05 level**

Table 3 illustrates to compare mean pain score and standard deviation in the pre-test and post-test among patients with cancer. The calculated pre-test mean pain score was 6.93 with the standard deviation of 1.413 and the post-test mean pain score was 3.03 with the standard deviation of 1.273. The mean difference was 3.9 and the calculated t value was 28.149 which showed that there was a significant difference between the pre-test and post-test mean pain score among patients with cancer at $P<0.05$ level of significance.

SECTION IV

Table 4 Association of the post test level of pain among patients with cancer with their selected demographic variables. (N=30)

S.No	Demographic variables	Post-test level of pain			
		None	Mild	Moderate	X^2 value
		F	F	F	
1.	**Age in years**				
	a)20-40	**1**	**5**	**1**	**4.411#**
	b)41-60	**1**	**4**	**4**	
	c)Above 60	**0**	**11**	**3**	
2.	**Gender**				
	a)Male	**1**	**7**	**5**	**1.799#**
	b)Female	**1**	**13**	**3**	
3.	**Religion**				
	a)Hindu	**1**	**9**	**2**	**1.911#**
	b)Muslim	**-**	**2**	**2**	
	c)Christian	**1**	**9**	**4**	
4.	**Educational status**				
	a)None	**-**	**2**	**1**	
	b)Primary	**1**	**11**	**2**	**9.732#**
	c)Higher secondary	**-**	**2**	**4**	
	d)Graduate	**1**	**3**	**-**	
	e)Post graduate	**-**	**2**	**1**	
5.	**Marital status**				
	a)Married	**2**	**19**	**7**	**0.670#**
	b)Unmarried	**-**	**1**	**1**	
6.	**Occupation**				
	a)Agriculture	**1**	**3**	**1**	
	b)Business	**-**	**3**	**5**	**11.794#**
	c)Employee	**1**	**5**	**2**	
	d)Domestic engineer	**-**	**9**	**-**	

S.No	Demographic variables	Post-test level of pain			
		None	Mild	Moderate	X^2 value
		F	F	F	
7.	**Income in Rs**				
	a)Below3000	**1**	**5**	**1**	
	b)3000-10,000	**1**	**11**	**5**	**1.609#**
	c)Above 10,000	**-**	**4**	**2**	
8.	**Diet pattern**				
	a)Vegetarian	**-**	**2**	**-**	**1.071#**
	b)Non-vegetarian	**2**	**18**	**8**	
9.	**Area of residence**				
	a)Urban	**1**	**10**	**5**	**0.368#**
	b)Rural	**1**	**10**	**3**	
10.	**Habits**				
	a)Smoking	**-**	**-**	**3**	
	b)Alcohol	**1**	**3**	**1**	**11.950#**
	c)Tobacco	**-**	**4**	**-**	
	d)None	**1**	**13**	**4**	
11.	**Duration of Illness**				
	a)Less than 1 year	**-**	**14**	**7**	**8.286#**
	b)1-3years	**2**	**4**	**1**	
	c)More than 3 years	**-**	**2**	**-**	
12.	**Type of Cancer Treatment**				
	a)Radiation therapy	**-**	**3**	**-**	**13.913***
	b)Chemo therapy	**2**	**6**	**-**	
	c)Surgery	**-**	**6**	**7**	
	d)Palliative care	**-**	**5**	**1**	

*** Significant**

#Non significant

Table 4 signifies the association of the post-test level of pain among patients with cancer with their selected demographic variables.

The findings propose that there was a significant association found between post-test level of pain and type of cancer treatment, where as there was no significant association found between post-test level of pain and age, gender, religion, education, marital status, occupation, income, diet pattern, area of residence, habits, duration of illness at $P<0.05$ level.

CHAPTER V

DISCUSSION

This chapter high lights the discussion of the data analyzed based on the objectives and hypothesis of the study. The problem stated is, “A study to assess the effectiveness of guided imagery on pain among patients with cancer in selected Hospital at Nagercoil”. The discussion is based on the objectives of the study and hypothesis specified in this study.

The first objective of the study was to assess the existing level of pain among patients with cancer.

In the assessment of the pre-test level of pain among patients with cancer, the majority of the subjects 18(60%) experienced moderate pain and 12 (40%) experienced severe pain.

When we appraise the post-test level of pain among patients with cancer, the majority of the subjects 20 (66. 67%) experienced mild pain, 8(26.66%) experienced moderate pain and 2(6.67%) had no pain.

The second objective of the study was to assess the effectiveness of guided imagery on pain among patients with cancer.

The calculated pre-test mean pain score was 6.93 with the standard deviation of 1.413 and the post-test mean pain score was 3.03 with the standard deviation of 1.273. The mean difference was 3.9 and the calculated t value was 28.149 which showed that there was a significant difference

between the pre-test and post-test mean pain score at P<0.05 level of significance. Hence the stated hypothesis **H_1** There will be a significant reduction in pain among patients with cancer who receives guided imagery was accepted.

Kwekkeboom KL et al conducted a study of 62 hospitalized oncology patients currently experiencing pain; researchers found that using guided imagery audiotapes helped to reduce pain intensity. Study results suggest that patients with greater visualization abilities may be more likely to experience pain reduction when using guided imagery.

The third objective of the study was to find out the association between post-test level of pain among patients with cancer with their selected demographic variables.

The association of the post-test level of pain among patients with cancer with their selected demographic variables, findings revealed that there was a significant association found between type of cancer treatment and post-test level of pain.

There was no significant association found between the post-test level of pain and age, gender, religion, education, marital status, occupation, income, diet pattern, area of residence, habits, duration of illness at p<0.05 level. Hence the stated hypothesis **H_2** There will be a significant association between post-test level of pain and selected demographic variables of patients with cancer who receives guided imagery is not accepted.

CHAPTER VI

SUMMARY, MAJORFINDINGS, IMPLICATIONS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

This chapter is divided into two sections in the first section, summary of the study, findings and conclusion is presented. In the second section the implication in various areas of nursing practice, nursing education, nursing administration, nursing research and recommendations for further study are present.

SUMMARY OF THE STUDY

The main objectives of the study was to evaluate the effectiveness of guided imagery on pain among patients with cancer and to find out the association between post-test level of pain among patients with cancer with their selected demographic variables. The major assumption of the study includes patients with cancer would experience pain. Guided imagery is particularly helpful for pain management and for reducing symptoms related to anxiety, stress, and other mental health conditions and has no adverse effects.

The research approach adopted for this study was evaluative approach in nature. The present study was pre experimental one-group pretest- posttest design. Non probability convenient sampling technique was used to select the sample and the sample size was 30. Dependent variable in

this study was pain among patients with cancer and Independent variable was guided Imagery.

The Conceptual frame work adopted for the present study was based on Sr. Callista Roy's Adaptation model. The tool used in this study was numerical pain rating scale to assess the level of pain among patients with cancer. The content validity of the tool was established by six experts. The tool was found reliable and feasible. The pilot study was conducted in Jeyasekharan Hospital, Nagercoil, with a number of 3 patients with cancer who experiencing pain and the study was found feasible. The main study was also conducted in Jeyasekharan Hospital Nagercoil.30 samples were recruited through non probability convenient sampling and written consent was obtained. Pre test level of pain was assessed at 1st day. The guided imagery was given 2 times a day for 3 days for 25 minutes. Post test was done at the end of the 3rd day.

The findings reveal that the post-test mean pain score 3.03 was lesser than the pre test mean pain score 6.93. The calculated t value was 28.149 greater than the table value and it is found significant at $P<0.05$ level. There was a significant association found between post-test level of pain and type of cancer treatment, where as there was no significant association found between post-test level of pain and age, gender, religion, education, marital status, occupation, income, diet pattern, area of residence, habits, duration of illness.

MAJOR FINDINGS OF THE STUDY

1) In the pre test level of pain 60% experienced moderate pain and 40% experienced severe pain and in post test level of pain 66. 67% experienced mild pain, 26.66% experienced moderate pain and 6.67% had no pain.

2) The pre-test mean pain score was 6.93 and in post-test 3.03. The calculated't' value was 28.149 at $p<0.05$.

3) The significant association found between post-test level of pain and type of cancer treatment, where as there was no significant association found between post-test level of pain and age, gender, religion, education, marital status, occupation, income, diet pattern, area of residence, habits, duration of illness.

IMPLICATIONS

The following implications, which are of vital concern in the field of nursing practice, nursing education, nursing administration and nursing research is derived from the study.

Implications for Nursing practice

The nurses have a vital role in providing safe and effective nursing care to enhance the reduction of pain among patients with cancer.

This can be facilitated by motivating the nurse to,

1) Learn about accurate assessment of pain level with the use of numerical pain rating scale.

2) The practice nurse can use the guided imagery on pain among patients with cancer for reducing pain.

3) The study findings help the nursing personnel include guided imagery application as a nursing intervention for patients with cancer experiencing pain.

4) The nurse should contribute to the evidence based practice through the experience gained from guided imagery on pain among patients with cancer.

5) A protocol on implementation of guided imagery can be developed and used in all nursing care settings.

6) Teach the guided imagery to the patients with cancer who experiencing pain about the effectiveness of pain reduction.

Implications for Nursing education

1) Nursing personnel should be oriented, guided and trained in the application of guided imagery.

2) Nursing students can educate the guided imagery to reduce the pain among patients with cancer.

3) The effectiveness of guided imagery application in reducing pain among patients with cancer is to be published in the nursing journals to make awareness among nursing students.

4) Encourage the students for effective utilization of research based practices.

5) Nursing curriculum should include and incorporate practical training on complementary therapy.

Implications for Nursing administration

1) Nurse Administrator should take the major role in guided imagery application technique and should modify the programme which suits to the patients with cancer.

2) Teaching complementary therapy-guided imagery must be made mandatory in palliative care and hospices.

3) Supervision and evaluation of future nurses ought to be encouraged.

4) Conduct continuing nursing education programme and In-service education programme for effective management of pain among patients with cancer.

5) Ensure and conduct workshops, conferences, seminars on non-pharmacological methods to reduce pain among patients with cancer.

Implications for Nursing research

- ❖ Pain among patients with cancer is one of the important issue in health care. Research studies can be conducted in various areas to take up projects on new methods of interventions, its quality, focusing on people`s interest also.
- ❖ As a researcher, promote more research on effective management for pain among patients with cancer.
- ❖ It is necessary to undertake more research in the field of complementary therapy to achieve holistic care to clients at terminal and palliative stages of all conditions.
- ❖ Disseminate the findings of the research through conferences, seminars and publishing in nursing journal.
- ❖ Promote effective utilization of research findings on pain during cancer management.
- ❖ A study can be conducted in a larger population to generalize the findings.

LIMITATION

- ➢ Sample size is less.
- ➢ Generalization will be better if large sample included.
- ➢ Continued service and follow up was beyond the reach of researcher.

RECOMMENDATIONS

The study recommends the following future research,

- ✓ The similar study can be conducted with larger samples for better generalization.
- ✓ The similar study can be conducted with larger sample size and with a control group.
- ✓ The study can be conducted in two different settings with similar facilities.
- ✓ A study can be conducted to assess the effectiveness of other nursing measures such as yoga, music therapy, acupuncture, for reduction of pain among patients with cancer.

CONCLUSION

The purpose of this study was to assess the effectiveness of guided imagery on pain among patients with cancer in selected hospital at Nagercoil. From the above findings, it is evident that guided imagery was found to be effective.

REFERENCES

BOOKS

Basavanthappa B.T (2006), *Nursing Research***,** 2nd ed, Bangalore: Jaypee Brothers Publication.

Black M.J.et al (2005) *Medical Surgical Nursing* (8th ed). Vol (1) Philapeiphia: W.B Saunders.

Brunner et al (2012) *Text Book of Medical Surgical Nursing*. (10th ed). Lippincott Williams Wilkins.

Gabor Racz (2012) *Pain management current issues& opinions*. (1st ed), Intech Europe publishers, China P. 486 – 496.

Kozier&Erb`s (2008). *Fundamentals of Nursing* (8th ed), Dorling Kindersley publishers. New Delhi.

Lewis L.S., (2011) *Medical Surgical Nursing* (7th ed), Missouri: Mosby Publishers.

Phipps (2007). *Medical surgical Nursing*, (8th ed), Mosby Publishers St.Louis

Polit & Hungler. (1999). *Nursing Research principles and Methods* Lippincott publishers. Philadelphia.

Potter & Perry (1997). *Fundamentals of Nursing*, (4th ed). Mosby publishers St.Louis

Pramod Kumar (2008). *A text book of pain*. (1st ed), CBS Publishers, New Delhi.

Rao sundar. (1996). *An introduction to Biostatistics.* New Hall of India Publishers, New Delhi.

Taylor & Lillis (2011). *Fundamentals of Nursing* (7th ed). Wolter kluwer publishers, New Delhi P.

JOURNALS

Alka saxena (2006). Cancer chemotherapy and its side effect management, *Nursing Journal of India* 22,(5), 109-110.

Almeida Victoria D Effectiveness of Guided Imagery on Intensity of Pain and Quality of Life among Patients with Cancer in a Selected Hospital at Mangalore. *International Journal of Nursing Education* Year : 2013, Volume : 5, Issue : 1 First page : (236) Last page : (241)

Bultz BD "How Effective is imagery? Clinical studies on the Effectiveness of Imagery**"** *Journal of holistic online*, January (2009)12(1) 15-23.

Burt goldman. A short history of guided imagery 2007: 37-44.

Carlson L, **"**Mind –body interventions in oncology**"** Current Treatment Options in Oncology, (2009) Jun; 9:127-34.

Dr. David Bresler what every pain therapist should know about guided imagery *Journal of Professional Pain Management* in September, 2005.

Kavitha.K; "Effectiveness of guided imagery on blood pressure among PIH mothers"; *Journal the nurse* vol: 1(2) pg.no.15-17, 2009.

Kwekkeboom KL et al "A pilot study to predict success with guided imagery for cancer pain**."** *Pain Management Nursing*. 2006:26-31.

Maj.Eric.A, Gonzalus, capt.Danielle, ledesma. Effects of guided imagery on post operative outcomes in patients undergoing same day surgical procedures. A randomized, single-blind study. *AANA Journal*. June.2010. Vol.78, No:3, Pg No:181-188.

Martin L. Rossman**;** *Journal of guided imagery for self. healing*; 2000.

Mc Caffrey M, Mapping out pain relief, *Nursing Times*, 2006:26; 41-46.

Milling LS. Is high hypnotic suggestibility necessary for successful hypnotic pain intervention? *Current Pain and Headache Reports*. 2008 Apr;12 (2): pages 98-102. milling@hartford.edu

Olness, K Imagery as adjunct therapy cancer: *Journal of Pediatric Hematology/Cancer*; 2007: 364-372

Pain control: a guide for people with cancer and their families. *National cancer Institute.* l on June 12, 2008.

Rof Spencer JW, Jacobs JJ. Complementary/Alternative Medicine: *An Evidence-Based Approach*. 2005; 22:368-381.

Rossman M .Imagery and cancer recovery 2008:47-52.

Sarkar TK, Segar A, Walker LG. "Immuno-modulatory effects of relaxation training and guided imagery in women with locally advanced breast cancer undergoing multimodality therapy: a randomized controlled trial." Breast. 2009;5:87-91.

Schwab D, Davies D, Bodtker T, Anaya L, Johnson K, Chaves MA study of efficacy and cost-effectiveness of guided imagery as a portable, self-administered, presurgical intervention delivered by a health plan. *Adv Mind Body Med*. 2007 Summer;22(1):8-14.

University of South Florida College of Nursing, Tampa, FL 33612-4766, USA. clengach@health.usf.edu: *Biol Res Nurs*.Jan 2008;9(3):205-14.

Vainio A, et al. Prevalence of symptoms among patients with advanced cancer: An international collaborative study: Symptom prevalence group. *Journal of Pain Symptom Manage*. 2008; 127:276–286.

Vasantha G. Effectiveness of guided imagery on intensity of pain and quality of lifeamong patients with cancer in a selected hospital at Mangalore 2009. Mangalore.

Victor Devasirvadam "Effect of guided imagery in terms of pain and stress among terminally ill cancer patients**"** *Nightingale Nursing Times* Vol: 9No:1 April 2013.

Walker LG, et al. Psychological, clinical and pathological effects of relaxation training and guided imagery. *Br J Cancer*.2005:876-883.

Wanta B, Hau H, Bumpus M. Patients' perceptions of the effectiveness of guided imagery and progressive muscle relaxation interventions used for cancer pain. *University of Wisconsin-Madison*, School of Nursing, K6/336 Clinical Science Center, 600 Highland Avenue, Madison, WI 53792, USA.

Yuradnur, demir (2012). Non – pharmacological therapies is pain management, pain management – *current issues and opinions*, Jan (2012):488-489.

NET REFERENCE

http://www.pharm_olam_com/pdfs/cancer%20in%20india.pclf

http://en.wikipedia.Org/wiki/guided imagery.

www.guidedimageryinc.com

www.mayoclinic.

www.quantumjumping.com

clengach@health.usf.edu

health.india.com

www.mayoclinic.com/health/

www.medscape.com

http://www.ukessays.com/essays/psychology/guided-imagery-for-parent-of-mentally-challenged-children-psychology-essay.php#ixzz2mzTyecI6

http://www.nccn.org.

http://nccam.nih.gov/aspx

http://www.cdc.gov/nchs.

www.cancer.org/ossLINK/

ANNEXURES

ANNEXURE A (1)

LETTER SEEKING EXPERT'S OPINION FOR CONTENT VALIDITY

From

301211703,
M.Sc (Nursing) II Year,
Thanthai Roever College of Nursing,
Perambalur.

To

Respected Sir/Madam,

Sub: Requisition for content validity of tool.

I am doing M.Sc (Nursing) II Year in Thanthai Roever College of Nursing, Perambalur, Under The Tamil Nadu, Dr.M.G.R. Medical University Chennai. As a partial fulfilment of my M.Sc (Nursing) Degree Programme, I am conducting a research on **'A STUDY TO ASSESS THE EFFECTIVENESS OF GUIDED IMAGERY ON PAIN AMONG PATIENTS WITH CANCER IN SELECTED HOSPITAL AT NAGERCOIL'.** A tool has been developed for the research study. I am sending the above stated for your expert and valuable opinion, I will be thankful for your kind consideration. Kindly return it to the Undersigned.

Thanking you

Yours sincerely,

Place:
Date: (301211703).

ANNEXURE A (2)

LIST OF EXPERTS OPINION FOR CONTENT VALIDITY OF RESEARCH TOOL

1. **Prof.Mrs.PUNITHAVATHI.R. M.Sc (N).,**
   Principal,
   Thanthai Roever college of Nursing,
   Perambalur.

2. **Prof. Mrs. ELIZABETH. V.J. M.Sc (N).,**
   Vice principal,
   Thanthai Roever College of Nursing,
   Perambalur.

3. **Prof. Mrs. VICTORIA SELVA KUMARI.C. M.Sc (N).,**
   Principal,
   Mercy college of Nursing,
   Valakom, Kottarakara,
   Kollam District.

4. **Prof. Mrs. RAJINA RANI. M.Sc(N)., Ph.D.,**
   Principal,
   Doctor's College of Nursing,
   Pudhukottai.

5. **Prof.Mr. VICTOR DEVASIRVADAM M.Sc(N)., Ph.D.,**
   Associate Professor,
   Mercy college of Nursing,
   Valakom, Kottarakara,
   Kollam District.

6. **Prof.Mrs. JASMINE PARIMALA M.Sc., Ph.D.,**
   Principal,
   C.S.I.Eliza Cald Well College of Nursing,
   Idaiyangudi,
   Tirunelveli.

ANNEXURE A (3)

EVALUATION CRITERIA CHECKLIST FOR VALIDATION

Respected Sir/Madam,

Kindly review the items in the tool. If you are agree with the criteria, please place a tick in 'Relevant' column otherwise place a tick in 'Need Modification' column or 'Not Relevant' and give your comments in the remarks column.

Part – 1 Demographic Data

Sl.No	Relevant	Needs Modifications	Not Relevant	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

ANNEXURE A (4)

CONTENT VALIDITY CERTIFICATE

This is to certify that the tool for "**A STUDY TO ASSESS THE EFFECTIVENESS OF GUIDED IMAGERY ON PAIN AMONG PATIENTS WITH CANCER IN SELECTED HOSPITAL AT NAGERCOIL"** prepared by II year M.Sc., (Nursing) student of Thanthai Roever College Of Nursing, Perambalur found to be valid and up to date.

Name:

Place: Signature of the expert

Date:

Designation and Address

ANNEXURE B (1)

LETTER SEEKING PERMISSION TO CONDUCT

RESEARCH STUDY

From

301211703,
M.Sc (Nursing) II Year,
Thanthai Roever College of Nursing,
Perambalur.

To

The principal,
Thanthai Roever College of Nursing,
Perambalur.

Respected Madam,

Sub: seeking permission to conduct the study, regarding…

I am studying II yr M.sc(N) I would like to conduct a study as a partial fulfilment for the degree of M.sc(N).The statement of problem is **A STUDY TO ASSESS THE EFFECTIVENESS OF GUIDED IMAGERY ON PAIN AMONG PATIENTS WITH CANCER IN JEYASKHARAN HOSPITAL AT NAGERCOIL.** I humbly request you to guide me and kindly give suggestions for conducting the study. I will be thankful Mam. Hence I request you to kindly grant me permission to the same.

Thanking you,

Place: Yours sincerely,

Date:

(301211703).

ANNEXURE B(2)

PERMISSION LETTER FOR RESEARCH PURPOSE

From

301211703,
M.Sc., (Nursing) II Year,
Thanthai Roever College of Nursing,
Perambalur.

Through

The Principal,
Thanthai Roever College of Nursing,
Perambalur.

To

The Medical Administrator,
Jeyasekharan Hospital,
Nagercoil.

Respected Madam/Sir,

I am doing **M.Sc (Nursing)** II year in Thanthai Roever College of Nursing Perambalur. **Under the Tamil Nadu, Dr.M.G.R. Medical University Chennai.** As a Partial Fulfillment of My **M.Sc.,(Nursing)** Degree Programme, I am going to conduct, "**A STUDY TO ASSESS THE EFFECTIVENESS OF GUIDED IMAGERY ON PAIN AMONG PATIENTS WITH CANCER"** I would like to select your hospital for my data collection, as I understand that I may get many patients in your hospital. Hence I kindly request you to give me permission to precede the data collection.

Thanking You

Place: Yours sincerely,

Date:

(301211703)

ANNEXURE C (1)

CERTIFICATE OF ENGLISH EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation work **A STUDY TO ASSESS THE EFFECTIVENESS OF GUIDED IMAGERY ON PAIN AMONG PATIENTS WITH CANCER IN SELECTED HOSPITAL AT NAGERCOIL** done by 301211703, II year M.sc Nursing, in Thanthai Roever college of Nursing, Perambalur is edited for English language appropriateness by

Signature

ANNEXURE C (2)

CERTIFICATE OF TAMIL EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation work **A STUDY TO ASSESS THE EFFECTIVENESS OF GUIDED IMAGERY ON PAIN AMONG PATIENTS WITH CANCER IN SELECTED HOSPITAL AT NAGERCOIL** done by 301211703, II year M.sc Nursing ,in Thanthai Roever college of Nursing , Perambalur is edited for Tamil language appropriateness by

Signature

ANNEXURE D

xgGjy; gbtk;

j‰U/j‰Ukj‰..... Mf‰a ehd ,tUila “to‰fhllggll e‰oy tbtk nfhLggjd %yk GwWNehahs‰a‰Dila ty‰fF ewgads‰fFk kj‰gglil msT nrajy” vdw Muharr‰ n[aNrfud kUjJtkid ehfhNfht‰y itjJ gqF ngWf‰Nwd vdW xgGjy nfhsf‰Nwd. vdfF Muharr‰a‰d Mwwy gww‰ t‰sffKk ms‰ffggllJ. mij VwWfnfhsf‰Nwd. vdfF ,ej Muharr‰a‰y t‰Uggk ,yiynadwhy vej fhuzKk nrhyyhky ,ej Muharr‰a‰y ,UeJ t‰yFtjwF KO ch‰ikAk czL. ,J vdDila kUjJtkid r‰f‰liria vej Kiwa‰Yk ghj‰ffhJ vdgijAk Gh‰eJ nfhzNld.

Nj‰:

,lk: gqfhsh ifnahggk

ngah

ANNEXURE E

DATA COLLECTION TOOL (ENGLISH)

SECTION A- DEMOGRAPHIC VARIABLES

1. Age

   a) 20 – 40 years ☐

   b) 41 – 60 years ☐

   c) Above 60 years ☐

2. Gender

   a) Male ☐

   b) Female ☐

3. Religion

   a) Hindu ☐

   b) Muslim ☐

   c) Christian ☐

4. Educational Status

   a) No formal education ☐

   b) Primary ☐

   c) Higher secondary ☐

   d) Graduate ☐

   e) Post Graduate ☐

5. Marital status

   a) Married ☐

   b) Unmarried ☐

6. Occupation

   a) Agriculture ☐

   b) Business ☐

   c) Employee ☐

   d) Domestic engineer (home maker) ☐

7. Income

   a) Below Rs.3, 000 ☐

   b) Rs 3,000 – 10,000 ☐

   c) Above Rs. 10, 000 ☐

8. Diet Pattern

   a) Vegetarian ☐

   b) Non Vegetarian ☐

9. Residential Area

   a) Urban ☐

   b) Rural ☐

10. Habits

   a) Smoking ☐

   b) Alcoholic ☐

   c) Tobacco ☐

   d) None ☐

11. Duration of illness ☐

a) Less than 1 year ☐

b) 1 – 3 years ☐

c) More than 3 years ☐

12. Type of cancer treatment

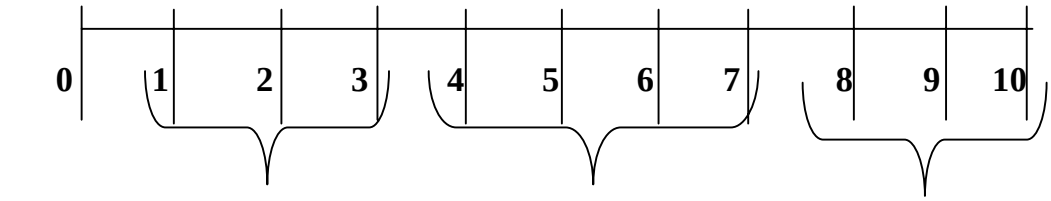
a) Radiation therapy ☐

b) Chemo therapy ☐

c) Surgery ☐

d) Palliative care ☐

SECTION B-NUMERICAL PAIN RATING SCALE



None Mild pain Moderate pain Severe pain

LEVEL OF PAIN	SCORE
No pain	0
Mild pain	1 – 3
Moderate pain	4 – 7
Severe pain	8 – 10

TOOLS (TAMIL)

SECTION A- DEMOGRAPHIC VARIABLES

gphpT :m
MaTT cgfuzqfs; epiyggugG khwpfs;

1. taJ

m) 20-40 taJ ☐

M) 41-60 taJ ☐

,) 60fF Nky ☐

2. ghypdk

m) Mz ☐

M) ngz ☐

3. rkak

m) ,eJ ☐

M) ,]yhk ☐

,) fpwp]jtk ☐

4. fytp epiy

m) vOj gbffnjhpahjth ☐

M) Jtff fytp ☐

,) Nkyepiyfytp ☐

<) ,sepiyglLggbgG ☐

c)KJepiyglLggbgG ☐

5. tpthf epiy

m)jpUkzkhdth ☐

M)jpUkzkhfhjth ☐

6. njhopy

m)tptrhak ☐

M)tzpfk ☐

,)Ntiyapy mkhejpUggth ☐

<)tlLffhhpaqfseljJgth ☐

7. tUkhdk

m)&.3000fF fo ☐

M)&.3000-10000 t i u ☐

,) &.10000fF Nky ☐

8. c z T K i w

m) i r t k ☐

M)m i r t k ☐

9. tr‰fFk ,lk ☐

m)efuk ☐

M)f‰uhkk ☐

10. go f f t o f f q f s

m)Gifg‰bjjy ☐

M)kJ mUeJjy ☐

,)Gifa‰iy gadgLjJgth ☐

<) vJTk‰yiy ☐

11. Neha‰d fhymsT (GwWNeha)

m) *1 tUljj‰wFfo* ☐

M) 1 Kjy3 tUlqfs ☐

,) 3 tUljj‰wF Nky ☐

12. GwWNeha‰d r‰f‰lir tif?

m) fj‰htrR ☐

M) fNkhnjug‰ ☐

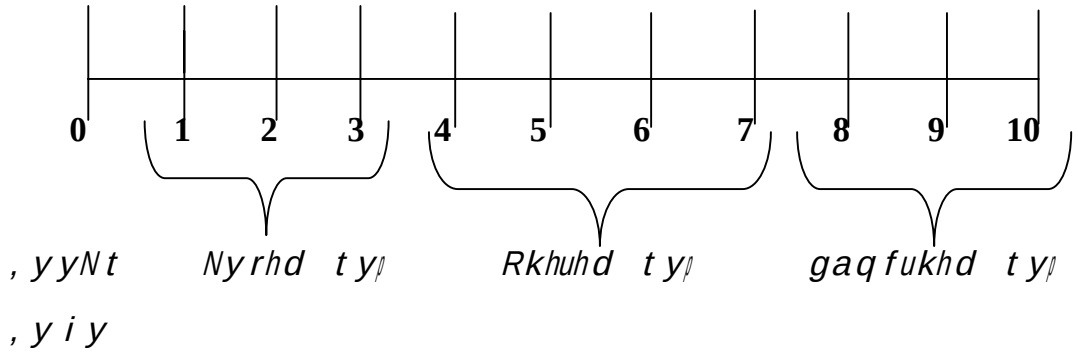
,) mWit r‰f‰lir ☐

<) ghy‰Nalbt Nfh ☐

SECTION B-NUMERICAL PAIN RATING SCALE

g/hT :M

t y/ t/j k; ms TNfhy;



t/s f;fk;	t/j k;
t y/ , y i y	0
Nyrhd t y/	1-3
Rkhuhd t y/	4-7
gaq fukhd t y/	8-10

ANNEXURE F

GUIDED IMAGERY

Guided imagery is a technique used by many natural or alternative medicine practitioners as well as some physicians and psychologists to aidens clients and patients to use guided imagery to help with anything from healing their bodies with cancer. Guided imagery to solving problems or reducing stress and anxiety.

Guided imagery is not limited to physical problems or health issues and is commonly used for emotional healing. It can help resolve emotional wounds and low self esteem.

THE CRITERIA FOR RELAXATION:-

1. Select calm and quiet environment .
2. Sit comfortably.
3. The person should concentrate fully on what she/he is doing without allowing any other thought to interrupt.
4. He/she should not fall sleep.
5. Comfortable clothing should be worn during relaxation.
6. Should take a deep breath and exhale slowly.
7. Concentration should be only on the part of the body.

VISUALIZATION:-

Please close your eyes,

Relax all your muscles,

Do not think about the pain or stress,

Try to follow the instructions …

Let's Begin. Take a deep, slow breath in through your nose and out through your mouth. Keep breathing in and out, focusing on how your body feels at this moment. Feel the pace of your heart and lungs becoming slower. With each breath, breath IN relaxation and breath OUT tension and tiredness. Feel your body sinking more and more into deep relaxation.

It is a bright summer day. It is late in the day. You decide to go for a walk along the beach. The sun is radiating warmth and comfort as it shines boldly. The sky is crystal clear without a cloud in sight. The grains of sand beneath your feet shine from the sunlight and warm the soles of your feet. The sound of the waves beating against the shore echoes in the air.

You feel the warm, light breeze brush against your faces as you walk onward. Far off in the distance, you can hear the cries of sea gulls…You watch them glide through the sky, swoop down into the sea, and then fly off once again.

As you walk further along the shore, you decide to rest. You sit down on a mound of pure white sand and gaze out at the sea, staring intently at the rhythmic, methodical motion of the waves rolling into shore. Each wave

breaks against the coast, rising slowly upward along the beach, leaving an area of white foam. Slowly the wave retreats back out to sea, only to be replaced by another wave that crashes against the shore…working its way up the beach…then slowly retreating back out to sea. With each motion of the wave as it glides in and then out, you find yourself feeling more and more relaxed. The tranquility creates a sense of calmness, peace.

As you stare off into the distance, you see that the sun is beginning to sink into the horizon. The sky is turning brilliant colors of red…orange…yellow…while the sun sets, sinking down…down into the horizon. You feel very relaxed and soothed. You continue to watch the sun as it descends.

The beating of the waves, the smell and taste of the sea, the salt, the cries of the gulls, the warmth against your body – all of these sights, sounds, and smells leave you feeling very calm, refreshed, and relaxed.You forget all your pain and worries,

Take a deep breath….with each breath, feel any discomfort, tension, stress or strain.

start to leave you.. as you breath out….,now take in deep breath of the fresh air from the place of imagination and exhale out slowly with all the tension….Relaxation of mind and body through guided imagery.

GUIDED IMAGERY (TAMIL)

to¡fhl¡lggl¡l (fhz¡gp¡f¡fggl¡l) epoy¡ tbtk¡

,ej epoy tbt Kiw ,awif kUjJtk kwWk rhjhuz kUjJt Kiwfs gpdgwWk rf¡plir Kiwfisf iffnfhsSfpwthfshYk kwWk kUjJthfs › kNdhjjJt epGzhfs Nghdwthfshy Nehahsp¡fs› jqfis ehb MNyhrid Nflf tUgthfs NghdwthfSfF cjTtjwfhf Nkwnfhssggl¤k cgfuzkhFk. xUtpj njhopy Elg KiwahFk. ,J ,ayghd gpulridfs › Rfhjhu rkgejkhd gpulridfs Kjyhditf¤SfFj jhT fhzklLkyy› czhT G+htkhd vjphghhgGfSfFk cjTfpwJ.czhrrpG+htkhf fhakglLssthfisAk kwWk kpffFiwthd kjpggpy jqfs MojjpfnfhsgthfisAk ,ej Kiwapy RfggLjjyhk.

GwWNehahy ghjpffgglLssthfis vggbahapDk xU ekgpfifapd ghij Nehffp topeljjTk› mthfSila Nrhhthd epiyikapypUeJ mthfis ntspfnfhzuTk ,ej Kiw cjTfpwJ.

Xa¡T epiyia mDgtpf¡fj¡ Njitahd jFjpfs¡ kwWk¡ topKiwfs¡-

1. mikjpahd Foggkpyyhj R+oiyj njhpeJ nfhsSqfs
2. trjpahf rhathf clfhUqfs
3. NtW vej rpejidfSk ,ilglhjgb eqfs nrafpw Ntiyapy KO epidthf MoeJ nraygLqfs.
4. mtd/mts vtUk J}ffjjpy mkpoeJ tplf$lhJ.
5. ,rrkajjpy nghUjjkhd › ,Wffkpyyhj Milfis mzpa NtzLk.

6. Moej %rR vLjJtplL› gpd nkJthf mij ntspNa tplNtzLk.

7. cqfs Fwp (ghhit/vzzk) rhujjpd mejggFjpapy khjjpuk Cdw NtzLk.

&g cUtfggLj¡Jjy¡

- cqfs fzfis %Lqfs.
- cqfs jirfisj jsutpLqfs
- Ntjid cisrriyggwwp Nahrpffhjhfs
- Kjy mwpTiu KfTiufisggpdgwWqfs

ehk Mukgpgnghk. nkJthd Moej xU %rir cqfs %fF topahf vLjJ› thatopahf ntspNa tpLqfs. cs %rR› ntsp%rR njhlheJ vLjJ tplLfnfhzbUfFk Ntisapy jwNghJ cqfs clkG vtthW czhfpwJ vdW Nehffp nfhzbUqfs. ,gNghJ mirTfs nfhQrq nfhQrkhf cs%rrpYk mikjpia clnfhzL› ntsp%rrpy cisrriyAk NrhhitAk ntspNa jsSqfs. ,gNghJ cqfs clkG kpf mikjpahd xU epiyia Nehffp %oFtij eqfs czuyhk.

mikjpahd epiy .....

,J xU gpufhrkhd Nfhil ehs. jwNghJ ehspd filrpggFjp. eqfs flwfiuNahukhf xU nghb eilaha nryyyhk vd epidffpwhfs.

Rhpad jddpYss ntggjijAk edikfisAk › jd fjph trrpd %ykhfj jd cwrhfkhd gpufhrjjpd %ykhf ntsptpLfpwJ. vej Nkf kejhuKk ,yyhky thdk kpfjnjspthf fhzggLfpwJ.

cqfs ghjqfs;d fNoAdd kzyfs R+;a nts;rrjj;dhy k;ddggufhr;jJ› cqfs ghjqfs kf;otffwJ. flNyhukha NkhJf;dw miyfs;d Koffqfs fhww;y vj;nuhy;ffwijf NflLf nfhsSqfs. eqfs KdNdw; elffwhfs. Nyrhd ntggkhd fhwW cqfs Kfjj;y tRk NghJ eqfs GJgngyd ngWfwhfs.

nfhQr J}ujj;y flygwitfs;d mOiffFuiy eqfs Nflfyhk. mitfs thdjj;d FWfNf gweJ› flyguggy ghaeJ ,wqFtijAk› g;d j;UkgTk NkNyw; gwggijAk eqfs ghhjJf nfhzNla;Uffyhk.

eqfs NkYk flNyhuhkha elfFkNghJ› nfhQrk XantLjJf nfhssyhk vd Nahrffwhfs. Rjjkhd ntsis kzy;d Nky mkheJ fliyggHhjJf nfhzbUfFk NghJ› flyiyfs MuthujNjhL fiua;y Nkhj; KoqFtijAk ur;jJf nfhsfwhfs. mitfs nkJthf NknyOkg; flwfiua;y ntsis Eiuiag gugg t;LtijAk mej miyfs g;dDk nkJthf fly;Ds milffyk GFtijAk kzLk miyfs ,ej miyfs;d ,ljijg g;bjJfnfhzL› fiua;y NkhJtijAk g;dDk flYfFj j;UkGtijAk› xdwd g;d xdwhf fzL fs;ffwhfs ur;ffwhfs.

xtnthU miyfSk nkJthff fly;d csNs GFtijAk › g;d nts;Na gweJ efhtijAk fhZkNghJ› cqfs kdjy mikj; Njhdw;› eqfs nkJthf cqfs jirffisj jsut;Lfwhfs. ,ejj jd;ikahd mikj; xUt;j rkhjhdjijAk rhejjijAk VwgLjJfwJ.

eqfs rwJ J}ujj;y ntwjJ NehfFk NghJ R+;ad fly kljj;y mk;Otijf fhzfwhfs. xU gffkhf R+;ad kiweJ fly;dba;y %oFkNghJ› Mfhak r;tgG › MuQR › kQrs vdgJ

Nghdw mofpa epwqfspy kpsphfpwJ. Rhpad mbthdjjpy ,wqfp kiwtij eqfs ghhjJf nfhzNlapUffpwhfs. eqfs kpf Xathd ghpthd jshthd xU mikjpia czhfpwhfs. flyiyfspd Koffqfs› fly cggpd thrid › fly rkgejggll Urp czhTfs › fly gwitfspd mOif rgjqfs › cqfs rhujjpy czuggLk ntggrfjpfs› ,ej vyyhf fhlrpfSk› rgjqfSk › thridfSk › cqfspy xU mikjpahd Xathd cwrhfkhd czhTfis czlhfFfpdwd. ,rrkajjpy eqfs vyyhf ftiyfisAk f\lqfisAk kweJ Nghfpwhfs.

eqfs vLfFk xtnthU Mokhd %rrpYk vyyh cisrrfSk› NrhhTfSk› njhyiyfSk cqfistplL XbgNgha cqfs ntspa %rNrhL xdwpg Nghtij eqfs fhzgHfs. fwgid]jyjjpypUeJ nfhzL Rjjkhd fhwiw Mokhf cs %rR vLjJ› cqfs kd cisrrNyhL NrhjJ nkJthf ntspNa tpLkNghJ cqfs kdgghuqfSk cqfis tplL ,wqfptpLk. fhzgpffggll fwgid cUtfk %ykhf cssjijAk rhujijAk jshT gLjjp mikjpfFsshffyhk.

ANNEXURE G

CERTIFICATES

Dr. JEYASEKHARAN MEDICAL TRUST
Dr. JEYASEKHARAN HOSPITAL & NURSING HOME
ESTD. 1965
K.P. Road, Nagercoil, Tamilnadu 629 003. South India.
Phone : 230019, 230020, 230021, 233905, & 233906 Fax : 04652-230405
e-mail: jeyasekharanmedicaltrust@gmail.com.
Web site : www.jeyasekharanmedicaltrust.com.
(Recognised by the National Board of Examinations, New Delhi for General Surgery, Anaesthesia and Family Medicine)

DIRECTOR
Mrs. M. RANI JEYASEKHARAN, M.Sc

MANAGING TRUSTEE
Dr. D. DEVAPRASATH JEYASEKHARAN, M.B.B.S., M.S. (GEN.) F.A.M.S., UROLOGY (VIENNA)

TRUSTEES
Dr. S. SABU JEYASEKHARAN, M.B.B.S., M.S. (GEN.) (GASTROENTEROLOGIST)
Dr. J. RANJIT JEYASEKHARAN, M.B.B.S., D.M.R.D., M.D. (GEN MEDICINE)

Ref.No:JC/4/2150/13 23-07-2013

TO WHOM SO EVER IT MAY CONCERN

This is to certify that **Reg. No: 301211703,** II year M.Sc Nursing student of Thanthai Roever College of Nursing has attended Dr. Jeyasekharan Hospital and Nursing Home to do her project work " A study to assess the effectiveness of guided imagery on pain among patients with cancer " 26.06.2013 to 22.07.2013**.**

Dr. JEYASEKHARAN MEDICAL TRUST Dr. JEYASEKHARAN HOSPITAL & NURSING HOME K. P. ROAD NAGERCOIL-3

Dr. RENU DEVAPRASATH,
D.N.B.(Anaesthesia),
MEDICAL ADMINISTRATOR,
Dr. JEYASEKHARAN MEDICAL TRUST,
Dr. JEYASEKHARAN HOSPITAL & NURSING HOME,
NAGERCOIL - 629 003.

ATHMA INSTITUTE OF MENTAL HEALTH AND SOCIAL SCIENCES

(An ISO 9001: 2008 Certified)
Post Graduate Institution accredited to DNB (Psychiatry), NBE, New Delhi
12B, 10th Cross East, Thillai Nagar, Tiruchirappalli - 620 018
Phone : 0431 - 2740452, 2740929 Cell : 80125 22135
e.mail : athma07@gmail.com web : aimss.in, trustshanthivanam.org

Dr. K. RAMAKRISHNAN, MBBS, DPM, FIPS
Director

DEPARTMENT OF SOCIAL WORK

FIELD WORK TRAINING PROGRAMME

July 29th, 2013

CERTIFICATE

This is to certify that Reg.No. 301211703, *M.Sc Nursing Student from Thanthai Rover College of Nursing. Has undergone Training on Guided Imagery from 3-6-13 to 8-6-2013, at the Department of Social Work, ATHMA Institute of Mental Health and Social Sciences, Trichirapalli - 620018.*

During this period, she was posted with clinical psychologist to learn the application of guided imagery in the field of mental health in general along with exposure to clinical work in particular.

Dr. K. JANAKI RAMAN 29/7/13
Dept. of Social Work

ANNEXURE C (1)

CERTIFICATE OF ENGLISH EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation work **A STUDY TO ASSESS THE EFFECTIVENESS OF GUIDED IMAGERY ON PAIN AMONG PATIENTS WITH CANCER IN SELECTED HOSPITAL AT NAGERCOIL** done by 301211703, II year M.sc Nursing, in Thanthai Roever college of Nursing, Perambalur is edited for English language appropriateness by

THANTHAI HANS ROEVER COLLEGE PERAMBALUR 621 212

Signature

K. Nesapriya, M.A., M.Phil.,

ANNEXURE C (2)

CERTIFICATE OF TAMIL EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation work **A STUDY TO ASSESS THE EFFECTIVENESS OF GUIDED IMAGERY ON PAIN AMONG PATIENTS WITH CANCER IN SELECTED HOSPITAL AT NAGERCOIL** done by 301211703, II year M.sc Nursing ,in Thanthai Roever college of Nursing , Perambalur is edited for Tamil language appropriateness by

THANTHAI HANS ROEVER COLLEGE PERAMBALUR 621 212

Signature

அ.சுபா, எம்.ஏ.,பி.எட்.,எம்.பில்.,
உதவிப்பேராசிரியை,
தமிழ்த்துறை,
தந்தைஹேன்ஸ் ரோவர் கல்லூரி,
பெரம்பலூர் மாவட்டம்.